CANDIDATE'S REPORT

(to be filed by a candidate or his principal campaign committee)

1.Qualifying Name and Address of Candidate	2. Office Sought (Include title of office as well as parish, city, town and/or election district.)	OFFICE USE ONLY

1.Qualifying Name and Address of Candidate

Tammy Wilson
505 Isabell lane
Tallulah, La 71282

2. Office Sought (Include title of office as well as parish, city, town and/or election district.)

Madison Parish School Board member District 5

3. Date of Primary November 4, 2014.

This report covers from 9-26-2014 through 10-15-2014

4. Type of Report:

_____180th day prior to primary

_____90th day prior to primary

_____30th day prior to primary

✓ 10th day prior to primary

_____10th day prior to general

_____40th day after general

_____Annual (future election)

_____Supplemental (past election)

_____Amendment to prior report

5. FINAL REPORT if:

_____Withdrawn   _____Filed after the election AND all loans and debts paid

_____Unopposed

6. Name and Address of Financial Institution (You are required by law to use one or more banks, savings and loan associations, or money market mutual fund as the depository of all campaign funds.)

N/A

7. Full Name and Address of Treasurer

N/A

Missing numbered pages were blank and had no information on them.

9. Name of Person Preparing Report Tammy Wilson

Daytime Telephone 318-341-6449

10. WE HEREBY CERTIFY that the information contained in this report and the attached schedules is true and correct to the best of our knowledge, information and belief, and that no expenditures have been made nor contributions received that have not been reported herein, and that no information required to be reported by the Louisiana Campaign Finance Disclosure Act has been deliberately omitted.

This 23 day of October 2014.

Tammy Wilson
_____
Signature of Candidate/Chairperson
(To be signed by Chairperson *only* if report by principal campaign committee)

318-341-6449
_____
Daytime Telephone

8. FOR PRINCIPAL CAMPAIGN COMMITTEES ONLY
a. Name and address of principal campaign committee, committee's chairperson, and subsidiary committees, if any (use additional sheets if necessary).

_____
Signature of Treasurer

_____
Daytime Telephone

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